

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name**Specialty Dental Holdings, LLC**2. All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business as names*

**3. Debtor's federal Employer Identification Number (EIN)**8 6 - 2 8 1 6 3 3 4**4. Debtor's address****Principal place of business**607 Cutlas

Number Street

Austin, TX 78734

City State ZIP Code

Travis

County

**Mailing address, if different from principal place of business**

Number Street

P.O. Box

City State ZIP Code

**Location of principal assets, if different from principal place of business**

Number Street

City State ZIP Code

**5. Debtor's website (URL)****6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business****A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

**B. Check all that apply:**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?  
\_\_\_\_\_

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number Street

City

State

ZIP Code

**Is the property insured?**☐ No

- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☐ 1-49 ☒ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures****WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/10/2023  
MM/ DD/ YYYY**X**/s/ James Usdan

Signature of authorized representative of debtor

James Usdan

Printed name

Title CEO**18. Signature of attorney****X**/s/ Stephen W. Sather

Signature of attorney for debtor

Date 07/10/2023  
MM/ DD/ YYYYStephen W. Sather

Printed name

Barron & Newburger, P.C.

Firm name

7320 N. MoPac Expressway 400

Number Street

Austin

City

TX

State

78731

ZIP Code

(512) 653-1009

Contact phone

ssather@bn-lawyers.com

Email address

Bar number

State

## Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1:** Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☒ No. Go to Part 2.☐ Yes. Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

\_\_\_\_\_

**3. Checking, savings, money market, or financial brokerage accounts** *(Identify all)*

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

None

**4. Other cash equivalents** *(Identify all)*

None

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$0.00****Part 2:** Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**☒ No. Go to Part 3.☐ Yes. Fill in the information below.**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

None

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

None

**9. Total of Part 2**

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$0.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of debtor's  
interest**11. Accounts Receivable**11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \_\_\_\_\_  
face amount doubtful or uncollectible accounts11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \_\_\_\_\_  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used for  
current valueCurrent value of debtor's  
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**Name of fund or stock: \_\_\_\_\_ % of  
ownership:

None

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

None

**17. Total of Part 4**

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**19. Raw materials**

None

**20. Work in progress**

None

**21. Finished goods, including goods held for resale**

None

**22. Other inventory or supplies**

None

**23. Total of Part 5**

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
- ☐ Yes

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**General description****Net book value of  
debtor's interest**  
(Where available)**Valuation method used  
for current value****Current value of debtor's  
interest****28. Crops — either planted or harvested**

None

**29. Farm animals** *Examples: Livestock, poultry, farm-raised fish*

None

**30. Farm machinery and equipment** (Other than titled motor vehicles)

None

**31. Farm and fishing supplies, chemicals, and feed**

None

**32. Other farming and fishing-related property not already listed in Part 6**

None

**33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.



Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**General description****Net book value of  
debtor's interest**  
(Where available)**Valuation method used  
for current value****Current value of debtor's  
interest****39. Office furniture**

None

**40. Office fixtures**

None

**41. Office equipment, including all computer equipment and  
communication systems equipment and software**

None

**42. Collectibles** *Examples:* Antiques and figurines; paintings, prints or  
other artwork; books, pictures, or other art objects; china and crystal;  
stamp, coin, or baseball card collections; other collections,  
memorabilia, or collectibles

None

**43. Total of Part 7**

Add lines 39 through 42. Copy the total to line 86.

\$0.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes. Fill in the information below.**General description**Include year, make, model, and identification numbers (i.e., VIN, HIN,  
or N-number)**Net book value of  
debtor's interest**  
(Where available)**Valuation method used  
for current value****Current value of debtor's  
interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm  
vehicles**

None

**48. Watercraft, trailers, motors, and related accessories** *Examples:*  
Boats, trailers, motors, floating homes, personal watercraft, and fishing  
vessels

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

None

49. Aircraft and accessories

None

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

None

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9:** Real Property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes. Fill in the information below.

**General description**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest

None

56. Total of Part 9

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10:** Intangibles and Intellectual Property

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**60. Patents, copyrights, trademarks, and trade secrets**

None

**61. Internet domain names and websites**

None

**62. Licenses, franchises, and royalties**

None

**63. Customer lists, mailing lists, or other compilations**

None

**64. Other intangibles, or intellectual property**

None

**65. Goodwill**

None

**66. Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

**67. Do your lists or records include personally identifiable information of customers?** (as defined in 11 U.S.C. §§ 101(41A) and 107)

- ☒ No  
☐ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

Current value of debtor's interest

**71. Notes receivable**

Description (include name of obligor)

None

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

None

**73. Interests in insurance policies or annuities**

None

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

None

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

None

**76. Trusts, equitable or future interests in property**

None

**77. Other property of any kind not already listed** Examples: Season tickets, country club membership

None

**78. Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 12:** Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 .....		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the: Western District of Texas  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the:  
Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>_____</p> <p>_____</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>_____</p> <p>_____</p>

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Air Supply of North Texas</u>  <u>2829 Fort Worth Ave</u> <u>Dallas, TX 75211</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$1,340.48</b>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Alamo Welding Supply Company</u>  <u>PO Box 6356 Austin TX 78762</u>  <u>PO Box 6356</u> <u>Austin, TX 78762</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$4,156.52</b>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u>American Orthodontics</u>  <u>3524 Washington Avenue</u> <u>Sheboygan, WI 53081</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$8,154.08</b>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u>American Orthodontist</u>  <u>American Orthodontist</u>  <u>3524 Washington Avenue</u> <u>Sheboygan, WI 53081</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade Services and Goods</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$717.06</b>



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<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p><u>AOA Orthodontics Lab</u></p> <p><u>1717 W Collins Ave Orange CA 92867</u></p> <p><u>1717 W Collins Avenue</u></p> <p><u>CA 92687</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>\$3,509.34</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p><u>Atkins Pharmacy Services</u></p> <p><u>701 Third Street</u></p> <p><u>Marble Falls, TX 78654</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>\$401.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.7</b> Nonpriority creditor's name and mailing address</p> <p><u>Atrium-HC</u></p> <p><u>608 Gateway Central</u></p> <p><u>Marble Falls, TX 78654</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>\$59,682.70</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.8</b> Nonpriority creditor's name and mailing address</p> <p><u>Austin II, SIV, LLC</u></p> <p><u>7900 Glades Road 600</u></p> <p><u>Boca Raton, FL 33434</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>\$70,884.84</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.9</b> Nonpriority creditor's name and mailing address <u>BencoDenta;</u> <u>PO Box 491</u> <u>Pittston, PA 18640</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$5,596.11</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.10</b> Nonpriority creditor's name and mailing address <u>Cloud Dentistry</u> <u>10 Mansell Court East 100</u> <u>Roswell, GA 30076</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,254.56</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.11</b> Nonpriority creditor's name and mailing address <u>Communication By Hand</u> <u>PO Box 9064</u> <u>Austin, TX 78766</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$543.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.12</b> Nonpriority creditor's name and mailing address <u>CT Corporation</u> <u>PO Box 4349</u> <u>Carol Stream, IL 60197-4349</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,090.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.13</b> Nonpriority creditor's name and mailing address</p> <p><u>DDS Match South</u></p> <p><u>330 Franklin Road 135A-177</u></p> <p><u>Brentwood, TN</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$3,000.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.14</b> Nonpriority creditor's name and mailing address</p> <p><u>Design Ergonomics</u></p> <p><u>198 Airport Road</u></p> <p><u>Fall River, MA 02720</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$4,822.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.15</b> Nonpriority creditor's name and mailing address</p> <p><u>Design Ergonomics, Inc.</u></p> <p><u>Design Ergonomics, Inc.</u></p> <p><u>198 Airport Road</u></p> <p><u>Fall River, MA 02720</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$9,817.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.16</b> Nonpriority creditor's name and mailing address</p> <p><u>Discus Dental</u></p> <p><u>PO Box 847632</u></p> <p><u>Dallas, TX 75284</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$1,706.92</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b> <u>DynaFlex</u> <u>8050 Hawk Ridge Trail Lake</u> <u>Lake Saint Louis, MO 63367</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$256.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Foley Fire Extinguisher Company</u> <u>PO Box 2791</u> <u>Cedar Park, TX 78630</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$165.36</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> <u>G&amp;H Orthodontics</u> <u>40 Linville Way</u> <u>Franklin, IN 46131</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$5,003.77</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> <u>G3 Plumbing</u> <u>2930 FM 917</u> <u>Georgetown, TX 78626</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$568.31</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.21</b> Nonpriority creditor's name and mailing address <u>Harris &amp; Ward</u> <u>333 E Short Street 120</u> <u>Lexington, KY 40507</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$20,440.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.22</b> Nonpriority creditor's name and mailing address <u>Harris &amp; Ward</u> <u>Harris &amp; Ward</u> <u>333 E Short Street 120</u> <u>Lexington, KY 40507</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$3,900.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.23</b> Nonpriority creditor's name and mailing address <u>Henry Schein</u> <u>135 Duryea Road w</u> <u>Melville, NY 11747</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$3,198.28</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.24</b> Nonpriority creditor's name and mailing address <u>Henry Schein HC</u> <u>135 Duryea Road</u> <u>Melville, NY 11747</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$14,270.52</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.25</b> Nonpriority creditor's name and mailing address</p> <p><u>Henry Schein One/Ascend</u></p> <p><u>Henry Schein One/Ascend</u></p> <p><u>135 Duryea Road</u></p> <p><u>Melville, NY 11747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$20,735.35</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.26</b> Nonpriority creditor's name and mailing address</p> <p><u>Henry Schein RS</u></p> <p><u>135 Duryea Road</u></p> <p><u>Melville, NY 11747</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$21,454.09</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.27</b> Nonpriority creditor's name and mailing address</p> <p><u>Holland &amp; Knight LLP</u></p> <p><u>524 Grand Regency Blvd Brandon FL 33510</u></p> <p><u>524 Grand Regency Boulevard</u></p> <p><u>Brandon, FL 33510</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$27,968.04</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Attorney Fees</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.28</b> Nonpriority creditor's name and mailing address</p> <p><u>Insty Prints</u></p> <p><u>4360 S. Congress 104</u></p> <p><u>Austin, TX 78745</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$1,565.31</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <u>IOS</u> <u>12811 Capricorn Street</u> <u>Stafford, TX 77477</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$102.27</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.30</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Itemp Now</u> <u>3108 Bradford St.</u> <u>Woodbridge, VA 22193</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$47,368.07</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.31</b>	<b>Nonpriority creditor's name and mailing address</b> <u>James Usdan</u> <u>607 Cutlass</u> <u>Austin, TX 78734</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$2,700.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.32</b>	<b>Nonpriority creditor's name and mailing address</b> <u>James Usdan</u> <u>607 Cutlass</u> <u>Austin, TX 78734</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$11,500.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Consulting Fee</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Joseph Keane</u> <u>330 Franklin Road 135A-159</u> <u>Brentwood, TN 37027</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$13,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loan Debt- Insider</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Komet USA, LLC</u> <u>3042 Southcross Blvd 101</u> <u>Rock Hill, SC 29730</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$67.16</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Laine Ramsey Orthodontics Lab</u> <u>6116 Richardson Lane Austin TX</u> <u>6116 Richardson Lane</u> <u>Austin, TX 78741</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>409.00</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Larry Yazbeck</u> <u>1353 Todd Drive</u> <u>Dallas, TX 75203</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <u>\$1,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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<p><b>3.37</b> Nonpriority creditor's name and mailing address</p> <p><u>Magical Rewards, LLC</u></p> <p><u>PO Box 366</u></p> <p><u>Grandview, TX 76050</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$556.58</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.38</b> Nonpriority creditor's name and mailing address</p> <p><u>Mesa Labs</u></p> <p><u>12100 W 6th Ave</u></p> <p><u>Denver, CO 80228</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$1,100.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.39</b> Nonpriority creditor's name and mailing address</p> <p><u>MME</u></p> <p><u>4715 Duckhorn Drive</u></p> <p><u>Sacramento, CA 95834</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$20,002.48</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.40</b> Nonpriority creditor's name and mailing address</p> <p><u>National Pen</u></p> <p><u>PO Box 847203</u></p> <p><u>Dallas, TX 75284</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$1,534.88</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.41</b> Nonpriority creditor's name and mailing address</p> <p><u>Nu Smile</u></p> <p><u>3315 W 12th</u></p> <p><u>Houston, TX 77008</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,660.20</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.42</b> Nonpriority creditor's name and mailing address</p> <p><u>P&amp;G Oral Health</u></p> <p><u>24808 Network Place</u></p> <p><u>Chicago, IL 60673</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$227.06</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.43</b> Nonpriority creditor's name and mailing address</p> <p><u>Palmera Project, LLC</u></p> <p><u>1301 S. Capital of Texas Hwy C-110</u></p> <p><u>Austin, TX 78746</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$7,416.67</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.44</b> Nonpriority creditor's name and mailing address</p> <p><u>Pitnery Bowes</u></p> <p><u>27 Waterview Drive</u></p> <p><u>Shelton, CT 06484</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$412.05</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Specialty Dental Holdings, LLC Case number (if known) \_\_\_\_\_  
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<b>3.45</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Premier Rewards</u> <u>31248 Fawn View Lane Spring TX 77386</u> <u>31248 Fawn View Lane</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$1,368.60</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.46</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Pure Water Partners</u> <u>Dept CH 19648</u> <u>Palatine, IL 60055</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$674.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.47</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Quench</u> <u>Quench</u> <u>630 Allendale Road 200</u> <u>King of Prussia, PA 19406</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$108.14</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.48</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sadie Tamplin</u> <u>1271 Doster Road</u> <u>Madison, GA 30650</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$11,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Specialty Dental Holdings, LLC Case number (if known) \_\_\_\_\_  
Name

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<p><b>3.49</b> Nonpriority creditor's name and mailing address</p> <p><u>Sedadent Anesthesia</u></p> <p><u>Sedadent Anesthesia</u></p> <p><u>3401 Royal Vista Blvd A100</u></p> <p><u>Round Rock, TX 78681</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,550.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.50</b> Nonpriority creditor's name and mailing address</p> <p><u>Stan Hemphill - Chief Appraiser</u></p> <p><u>PO Box 098 Burnet TX 78611</u></p> <p><u>PO Box 098</u></p> <p><u>Burnet, TX 78611</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$1,275.37</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Local tax claims</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.51</b> Nonpriority creditor's name and mailing address</p> <p><u>Stericycle</u></p> <p><u>28883 Network Place</u></p> <p><u>Chicago, IL 60673</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$723.71</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.52</b> Nonpriority creditor's name and mailing address</p> <p><u>Sterling Bennet</u></p> <p><u>1000 Broadway 250</u></p> <p><u>Oakland, CA 94607</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$50.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Specialty Dental Holdings, LLC Case number (if known) \_\_\_\_\_  
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<b>3.53</b> Nonpriority creditor's name and mailing address <u>Terminix</u> <u>PO Box 802155 Chicago IL 60680</u> <u>PO Box 802155</u> <u>Chicago, IL 60680</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$1,382.39</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.54</b> Nonpriority creditor's name and mailing address <u>Texas Health Services</u> <u>8407 Wall Street</u> <u>Austin, TX 78754</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$236.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.55</b> Nonpriority creditor's name and mailing address <u>The Dental Butler</u> <u>49431 125 Ave SE</u> <u>Snohomish, WA 98290</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$1,650.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.56</b> Nonpriority creditor's name and mailing address <u>True Tech Solutions</u> <u>Woodmont Avenue</u> <u>Austin, TX 78703</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$550.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.57</b> Nonpriority creditor's name and mailing address <u>USOXO</u> <u>5512 N U Hwy 281</u> <u>Marble Falls, TX 78654</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$1,544.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.58</b> Nonpriority creditor's name and mailing address <u>Waller Lansden Dorth &amp; Davis LLP</u> <u>100 Congress Avenue 1800</u> <u>Austin, TX 78701</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$64,964.26</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney's Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.59</b> Nonpriority creditor's name and mailing address <u>Wells Fargo, N.A.</u> <u>PO Box 77096</u> <u>Minneapolis, MN 55480</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$7,398.38</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.60</b> Nonpriority creditor's name and mailing address <u>Williamson County Tax Office</u> <u>904 S. Main Street Georgetown TX 78626</u> <u>904 S. Main Street</u> <u>Georgetown, TX 78626</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$5,888.75</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Local taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Specialty Dental Holdings, LLC Case number (if known) \_\_\_\_\_  
Name

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<b>3.61</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Xerox Corporation</u> <u>PO Box 802555</u> <u>Chicago, IL 60680</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$1,315.43</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.62</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Zentist</u> <u>814 Mission Street Fl.6</u> <u>San Francisco, CA 94103</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$2,394.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade Debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a. Total claims from Part 1	5a.	<u>\$0.00</u>
5b. Total claims from Part 2	5b. +	<u>\$511,924.30</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<u>\$511,924.30</u>



Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the:  
Western District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>_____</p> <p>_____</p> <p>_____</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>_____</p> <p>_____</p> <p>_____</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>_____</p> <p>_____</p> <p>_____</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>_____</p> <p>_____</p> <p>_____</p>

Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the: Western District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Specialty Dental Holdings, LLC  
Name

Case number (if known) \_\_\_\_\_

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real Property:**

Copy line 88 from *Schedule A/B*.....

\$0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$0.00

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$0.00

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

**+** \$511,924.30

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$511,924.30

Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the:  
Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☒ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

#### Sources of revenue

Check all that apply

#### Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

☐ Operating a business

☐ Other \_\_\_\_\_

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

☐ Operating a business

☐ Other \_\_\_\_\_

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

☐ Operating a business

☐ Other \_\_\_\_\_

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

#### Description of sources of revenue

#### Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt
_____	_____	_____	<input type="checkbox"/> Unsecured loan repayments
Street _____	_____	_____	<input type="checkbox"/> Suppliers or vendors
_____	_____	_____	<input type="checkbox"/> Services
_____	_____	_____	<input type="checkbox"/> Other _____
City _____ State _____ ZIP Code _____			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name	_____	_____	_____
_____	_____	_____	_____
Street _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
City _____ State _____ ZIP Code _____			
Relationship to debtor _____			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

5.1.

Creditor's name

Street

CityStateZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1.			
Creditor's name	XXXX- _ _ _ _		
Street			
CityStateZIP Code			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
		Name	<input type="checkbox"/> Pending
		Street	<input type="checkbox"/> On appeal
		CityStateZIP Code	<input type="checkbox"/> Concluded
Case number			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Specialty Dental Holdings, LLC

Case number (if known)

Name

8.1.

**Custodian's name and address**

**Description of the property**

**Value**

Custodian's name

**Case title**

**Court name and address**

Street

Name

City State ZIP Code

**Case number**

Street

**Date of order or assignment**

City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

9.1.

**Recipient's name and address**

**Description of the gifts or contributions**

**Dates given**

**Value**

Recipient's name

Street

City State ZIP Code

**Recipient's relationship to debtor**

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

**Description of the property lost and how the loss occurred**

**Amount of payments received for the loss**

**Date of loss**

**Value of property lost**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).

10.1.

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None



11.1.

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<div></div>			
<div>Address</div>			
<div>Street</div>			
<div></div>			
<div>CityStateZIP Code</div>			
<div>Email or website address</div>			
<div></div>			
<div>Who made the payment, if not debtor?</div>			
<div></div>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<div></div>			
<div>Trustee</div>			
<div></div>			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.

Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<div></div>			
<div>Address</div>			
<div>Street</div>			
<div></div>			
<div>CityStateZIP Code</div>			
<div>Relationship to debtor</div>			
<div></div>			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. _____ Street _____ _____ City State ZIP Code	From _____ To _____

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
—diagnosing or treating injury, deformity, or disease, or  
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name _____ Street _____ City State ZIP Code	_____ _____ Location where patient records are maintained(if different from facility address). If electronic, identify any service provider. _____ _____	_____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

- ☐ Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: _ _ - _ _ _ _ _
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

- 18. Closed financial accounts**
- Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
- Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.
- ☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Name  Street  City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		

- 19. Safe deposit boxes**
- List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.
- ☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name  Street  City State ZIP Code	    Address  	    	<input type="checkbox"/> No <input type="checkbox"/> Yes

- 20. Off-premises storage**
- List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.
- ☒ None

20.1

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div>			<input type="checkbox"/> No
<div>Street</div>			<input type="checkbox"/> Yes
<div>City</div>	<div>Address</div>		
<div>State</div>			
<div>ZIP Code</div>			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
<div>Name</div>			
<div>Street</div>			
<div>City</div>			
<div>State</div>			
<div>ZIP Code</div>			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<div>Case number</div>	<div>Name</div>		<input type="checkbox"/> Pending
	<div>Street</div>		<input type="checkbox"/> On appeal
	<div>City</div>		<input type="checkbox"/> Concluded
	<div>State</div>		
	<div>ZIP Code</div>		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: - - - - -
Street		Dates business existed
		From To
City State ZIP Code		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address	Dates of service
------------------	------------------

26a.1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
------------------	------------------

26b.1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26c.1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address
------------------

26d.1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City State ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name

Street

City State ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_ \_ - \_ \_ \_ \_ \_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_ \_ - \_ \_ \_ \_ \_

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/10/2023  
MM/ DD/ YYYY

**X** /s/ James Usdan  
Signature of individual signing on behalf of the debtor

Printed name James Usdan

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes



Fill in this information to identify the case:

Debtor name Specialty Dental Holdings, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Alamo Welding Supply Company PO Box 6356 Austin TX 78762 PO Box 6356 Austin, TX 78762						\$4,156.52
2	American Orthodontics 3524 Washington Avenue Sheboygan, WI 53081						\$8,154.08
3	Atrium-HC 608 Gateway Central Marble Falls, TX 78654						\$59,682.70
4	Austin II, SIV, LLC 7900 Glades Road 600 Boca Raton, FL 33434						\$70,884.84
5	BencoDenta; PO Box 491 Pittston, PA 18640						\$5,596.11
6	Design Ergonomics 198 Airport Road Fall River, MA 02720						\$4,822.50
7	Design Ergonomics, Inc. Design Ergonomics, Inc. 198 Airport Road Fall River, MA 02720						\$9,817.50
8	G&H Orthodontics 40 Linville Way Franklin, IN 46131						\$5,003.77

Debtor Specialty Dental Holdings, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Harris & Ward 333 E Short Street 120 Lexington, KY 40507		Trade Debt				\$20,440.00
10	Henry Schein HC 135 Duryea Road Melville, NY 11747		Trade Debt				\$14,270.52
11	Henry Schein One/Ascend Henry Schein One/Ascend 135 Duryea Road Melville, NY 11747						\$20,735.35
12	Henry Schein RS 135 Duryea Road Melville, NY 11747		Trade Debt				\$21,454.09
13	Holland & Knight LLP 524 Grand Regency Blvd Brandon FL 33510 524 Grand Regency Boulevard Brandon, FL 33510		Attorney Fees				\$27,968.04
14	Itemp Now 3108 Bradford St. Woodbridge, VA 22193		Trade Debt				\$47,368.07
15	MME 4715 Duckhorn Drive Sacramento, CA 95834		Trade Debt				\$20,002.48
16	Palmera Project, LLC 1301 S. Capital of Texas Hwy C-110 Austin, TX 78746		Trade Debt				\$7,416.67
17	Sadie Tamplin 1271 Doster Road Madison, GA 30650		Trade Debt				\$11,000.00
18	Waller Lansden Dorth & Davis LLP 100 Congress Avenue 1800 Austin, TX 78701		Attorney's Fees				\$64,964.26
19	Wells Fargo, N.A. PO Box 77096 Minneapolis, MN 55480		Unsecured Credit				\$7,398.38
20	Williamson County Tax Office 904 S. Main Street Georgetown TX 78626 904 S. Main Street Georgetown, TX 78626		Local taxes				\$5,888.75

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Western District of Texas

In re Specialty Dental Holdings, LLC

Case No. \_\_\_\_\_

Debtor

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$0.00

Prior to the filing of this statement I have received ..... \$0.00

Balance Due ..... \$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/10/2023

*Date*

/s/ Stephen W. Sather

Stephen W. Sather

*Signature of Attorney*

Barron & Newburger, P.C.

7320 N. MoPac Expressway 400

Austin, TX 78731

Phone: (512) 476-9103 x220

Barron & Newburger, P.C.

*Name of law firm*

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION

IN RE: **Specialty Dental Holdings, LLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/10/2023 Signature /s/ James Usdan  
James Usdan, CEO

Air Supply of North Texas  
2829 Fort Worth Ave  
Dallas, TX 75211

Alamo Welding Supply  
Company  
PO Box 6356 Austin TX 78762  
PO Box 6356  
Austin, TX 78762

American Orthodontics  
3524 Washington Avenue  
Sheboygan, WI 53081

American Orthodontist  
American Orthodontist  
3524 Washington Avenue  
Sheboygan, WI 53081

AOA Orthodontics Lab  
1717 W Collins Ave Orange CA 92867  
1717 W Collins Avenue  
CA 92687

Atkins Pharmacy Services  
701 Third Street  
Marble Falls, TX 78654

Atrium-HC  
608 Gateway Central  
Marble Falls, TX 78654

Austin II, SIV, LLC  
7900 Glades Road 600  
Boca Raton, FL 33434

BencoDenta;  
PO Box 491  
Pittston, PA 18640

Cloud Dentistry  
10 Mansell Court East 100  
Roswell, GA 30076

Communication By Hand  
PO Box 9064  
Austin, TX 78766

CT Corporation  
PO Box 4349  
Carol Stream, IL 60197-4349

DDS Match South  
330 Franklin Road 135A-177  
Brentwood, TN

Design Ergonomics  
198 Airport Road  
Fall River, MA 02720

Design Ergonomics, Inc.  
Design Ergonomics, Inc.  
198 Airport Road  
Fall River, MA 02720

Discus Dental  
PO Box 847632  
Dallas, TX 75284

DynaFlex  
8050 Hawk Ridge Trail Lake  
Lake Saint Louis, MO 63367

Foley Fire Extinguisher  
Company  
PO Box 2791  
Cedar Park, TX 78630

G&H Orthodontics  
40 Linville Way  
Franklin, IN 46131

G3 Plumbing  
2930 FM 917  
Georgetown, TX 78626

Harris & Ward  
333 E Short Street 120  
Lexington, KY 40507

Harris & Ward  
Harris & Ward  
333 E Short Street 120  
Lexington, KY 40507

Henry Schein  
135 Duryea Road w  
Melville, NY 11747

Henry Schein HC  
135 Duryea Road  
Melville, NY 11747



Henry Schein One/Ascend  
Henry Schein One/Ascend  
135 Duryea Road  
Melville, NY 11747

Henry Schein RS  
135 Duryea Road  
Melville, NY 11747

Holland & Knight LLP  
524 Grand Regency Blvd Brandon FL  
33510  
524 Grand Regency Boulevard  
Brandon, FL 33510

Insty Prints  
4360 S. Congress 104  
Austin, TX 78745

IOS  
12811 Capricorn Street  
Stafford, TX 77477

I temp Now  
3108 Bradford St.  
Woodbridge, VA 22193

James Usdan  
607 Cutlass  
Austin, TX 78734

Joseph Keane  
330 Franklin Road 135A-159  
Brentwood, TN 37027

Komet USA, LLC  
3042 Southcross Blvd 101  
Rock Hill, SC 29730

Laine Ramsey Orthodontics  
Lab  
6116 Richardson Lane Austin TX  
6116 Richardson Lane  
Austin, TX 78741

Larry Yazbeck  
1353 Todd Drive  
Dallas, TX 75203

Magical Rewards, LLC  
PO Box 366  
Grandview, TX 76050

Mesa Labs  
12100 W 6th Ave  
Denver, CO 80228

MME  
4715 Duckhorn Drive  
Sacramento, CA 95834

National Pen  
PO Box 847203  
Dallas, TX 75284

Nu Smile  
3315 W 12th  
Houston, TX 77008

P&G Oral Health  
24808 Network Place  
Chicago, IL 60673

Palmera Project, LLC  
1301 S. Capital of Texas Hwy C-110  
Austin, TX 78746

Pitnery Bowes  
27 Waterview Drive  
Shelton, CT 06484

Premier Rewards  
31248 Fawn View Lane Spring TX 77386  
31248 Fawn View Lane

Pure Water Partners  
Dept CH 19648  
Palatine, IL 60055

Quench  
Quench  
630 Allendale Road 200  
King of Prussia, PA 19406

Sadie Tamplin  
1271 Doster Road  
Madison, GA 30650

Sedadent Anesthesia  
Sedadent Anesthesia  
3401 Royal Vista Blvd A100  
Round Rock, TX 78681

Stan Hemphill - Chief  
Appraiser  
PO Box 098 Burnet TX 78611  
PO Box 098  
Burnet, TX 78611

Stericycle  
28883 Network Place  
Chicago, IL 60673

Sterling Bennet  
1000 Broadway 250  
Oakland, CA 94607

Terminix  
PO Box 802155 Chicago IL 60680  
PO Box 802155  
Chicago, IL 60680

Texas Health Services  
8407 Wall Street  
Austin, TX 78754

The Dental Butler  
49431 125 Ave SE  
Snohomish, WA 98290

True Tech Solutions  
Woodmont Avenue  
Austin, TX 78703

USOXO  
5512 N U Hwy 281  
Marble Falls, TX 78654

Waller Lansden Dorth & Davis  
LLP  
100 Congress Avenue 1800  
Austin, TX 78701

Wells Fargo, N.A.  
PO Box 77096  
Minneapolis, MN 55480

Williamson County Tax Office  
904 S. Main Street Georgetown TX 78626  
904 S. Main Street  
Georgetown, TX 78626

Xerox Corporation  
PO Box 802555  
Chicago, IL 60680

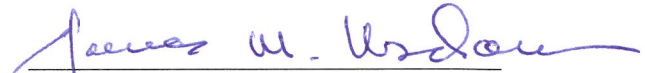
Zentist  
814 Mission Street Fl.6  
San Francisco, CA 94103

MAJORITY CONSENT

The undersigned, being the controlling officers of Specialty Dental Holdings, LLC, of which Grow Pediatric Management, LLC is a subsidiary of Specialty Dental Holdings, LLC, do adopt the following resolution by management consent:

1. Grow Pediatric Management, LLC is authorized to file Chapter 11 bankruptcy.
2. Grow Pediatric Management, LLC. is authorized to employ Barron & Newburger, P.C. as its bankruptcy counsel.
3. Grow Pediatric Management, LLC is authorized to employ Holland & Knight, LLP as special counsel.
4. James Usdan is authorized to sign all documents on behalf of Grow Pediatric Management, LLC.

Dated: July 10, 2023.

  
Printed Name:  
James Usdan